

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/834312

FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* 4-504		* 10-1804	
IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.	4	4	
TOTAL DEP.	30	30	
TOTAL CLAIMS	34	34	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS